Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		
Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Carman First name C. Middle name	First name Middle name
Bring your picture identification to your meeting with the trustee.	Thomas	
	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years		
Include your married or maiden names.		
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1554	
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	About Debtor 1: Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Thomas Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number XXXX-XX-1554

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)			
		EIN	EIIN			
5.	Where you live	7223 Scottwood Avenue	If Debtor 2 lives at a different address:			
		Cincinnati, OH 45237 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Hamilton				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

7.	The chapter of the Bankruptcy Code you are			orief description of each, see go to the top of page 1 and o			.C. § 342(b) for Individ	uals Filing for Bankruptcy		
	choosing to file under	☐ Chapter 7								
		☐ Chapter 11 ☐ Chapter 12								
		■ Cha	pter 13							
8.	How you will pay the fee	al or	oout how yo	entire fee when I file my pe ou may pay. Typically, if you a attorney is submitting your pa address.	re paying	the fee yourself,	you may pay with cash	n, cashier's check, or money		
		II	need to pay	y the fee in installments. If yoe in Installments (Official For		e this option, sigr	and attach the Application	ation for Individuals to Pay		
		☐ Ii bu ap						of the official poverty line that this option, you must fill out		
9. Have you filed for No. bankruptcy within the										
	last 8 years?	Yes.								
			District	Southern District of Ohio	When	3/28/19	Case number	19-bk-11093		
			District	Southern District of Ohio	When	12/22/17	Case number	17-bk-14521		
			District	See Attachment	When		Case number			
10.	Are any bankruptcy	■ No								
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor				Relationship to	you		
			District		When		Case number, if	known		
			Debtor				Relationship to	you		
			District		_ When		Case number, if	known		
11.	Do you rent your residence?	■ No.	Go to li	ine 12.						
	Tooluonioo !	☐ Yes.	Has yo	ur landlord obtained an evicti	on judgm	ent against you?				
				No. Go to line 12.						
Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it this bankruptcy petition.					101A) and file it as part of					

Debtor 1 **Carman C. Thomas**

Deb	otor 1 Carman C. Thoma	ıs		Case number (if known)		
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	etor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
	buomess.	☐ Yes.	Name and location of bu	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	,		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code		
	it to this petition.		Check the appropriate be	ox to describe your business:		
			☐ Health Care Busi	iness (as defined in 11 U.S.C. § 101(27A))		
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))		
Stockbroker (as defined in 11 U.S.C. § 101(53A))				defined in 11 U.S.C. § 101(53A))		
			_ ,	er (as defined in 11 U.S.C. § 101(6))		
			☐ None of the abov	- ' '		
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choos proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure § 1116(1)(B).				
	For a definition of small	■ No.	I am not filing under Cha	pter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.		11, I am a small business debtor according to the definition in the Bankruptcy Code, and ed under Subchapter V of Chapter 11.		
		☐ Yes.		11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I r Subchapter V of Chapter 11.		
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or Ar	ny Property That Needs Immediate Attention		
14.	Do you own or have any property that poses or is	■ No.				
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?			
				Number, Street, City, State & Zip Code		

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Carman C. Thoma	ıs			Case numbe	「 (if known)	
Part	6: Answer These Quest	ions for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily individual primarily for a p			ned in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily money for a business or in				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts yo	u owe that are not consu	mer debts or busines	s debts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chap	oter 7. Go to line 18.			
	Do you estimate that after any exempt	☐ Yes.	I am filing under Chapter are paid that funds will be			erty is excluded and administrative expenses	
	property is excluded and administrative expenses		□ No				
	are paid that funds will be available for		□ Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do you estimate that you owe?	■ 1-49		1 ,000-5,000)	□ 25,001-50,000	
		☐ 50-99		5001-10,00	0	5 0,001-100,000	
		☐ 100-19 ☐ 200-99	-	☐ 10,001-25,0	000	☐ More than100,000	
19.	19. How much do you ☐ \$0		50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,00°	1 - \$50 million	☐ \$1,000,000,001 - \$10 billion	
	be worth.		001 - \$500,000 001 - \$1 million		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion	
20.	How much do you	□ \$0 - \$9	50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,00	•	□ \$1,000,000,001 - \$10 billion	
			001 - \$500,000		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
		山 \$500,0	001 - \$1 million			— More than too billion	
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I	declare under penalty of	perjury that the inform	nation provided is true and correct.	
			•	•	, , ,	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.	
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankrupto and 3571					
			an C. Thomas C. Thomas		Signature of Debtor	72	
			of Debtor 1		-		
		Executed	on January 15, 2022		Executed on		
			MM / DD / YYYY		MM	/ DD / YYYY	

Debtor 1	Carman C. Thomas	Case number (if known)	
		-	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Andrew P. Brasse Signature of Attorney for Debtor	Date	January 15, 2022 MM / DD / YYYY
Andrew P. Brasse Printed name		
Barr, Jones & Associates LLP Firm name		
810 Sycamore Street, 4th Floor Cincinnati, OH 45202		
Number, Street, City, State & ZIP Code		
Contact phone 513-729-9079	Email address	abrasse@barrjoneslegal.com
0082363 OH		
Bar number & State		

Fill in this infor	rmation to identify your	case:			
Debtor 1	Carman C. Thoma	as			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number (if known)				_	if this is an

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District	Case Number	Date Filed
Southern District of Ohio	19-bk-11093	3/28/19
Southern District of Ohio	17-bk-14521	12/22/17
Southern District of Ohio	17-bk-10492	2/17/17
Southern District of Ohio	15-bk-13866	10/07/15

Fill	ill in this information to identify your case:			
Deb	ebtor 1 Carman C. Thomas			
Det	First Name Middle Name Last Name ebtor 2			
	pouse if, filing) First Name Middle Name Last Name			
Uni	nited States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			
	ase numberknown)		_	c if this is an ded filing
Of	Official Form 106Sum			
Su	ummary of Your Assets and Liabilities and Certain Stati	istical Information		12/15
info	e as complete and accurate as possible. If two married people are filing together, be formation. Fill out all of your schedules first; then complete the information on this our original forms, you must fill out a new <i>Summary</i> and check the box at the top of	form. If you are filing amende		
Par	art 1: Summarize Your Assets			
			Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		\$	146,090.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	9,158.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$	155,248.00
Par	art 2: Summarize Your Liabilities			
				abilities
			Amoun	t you owe
2.	 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page. 	age of Part 1 of <i>Schedule D</i>	\$	206,558.75
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	dule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Sc	hedule E/F	\$	50,286.60
		Your total liabilities	\$	256,845.35
Par	art 3: Summarize Your Income and Expenses			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$	4,602.25
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	1,739.25
Par	art 4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and subm	nit this form to the court with you	ır other scl	nedules.
7.	■ Yes What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose		a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on the court with your other schedules.	his part of the form. Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____2,128.76

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this inform	lation to identify	your case and th	iis tiiing	j:					
Debtor 1	Carman C. T								
Debtor 2	First Name	Middle	Name		Last Name				
(Spouse, if filing)	First Name	Middle	Name		Last Name				
United States Bar	nkruptcy Court for	the: SOUTHER	N DIST	RICT OF OHIO					
Case number								☐ Check if	data ta a
								☐ Check if amended	
Official Fo	rm 106A/E	3							
Schedule	e A/B: Pi	operty						12/15	
					asset fits in more than on				
					are filing together, both are top of any additional page				
nswer every quest		attaon a separate si	ioci io ii	ins form. On the	top of any additional page	s, write your i	iame and case	, namber (ii kire	, wii.j.
Part 1: Describe E	ach Residence R	uilding Land or Ot	her Real	Estate You Own	or Have an Interest In				
art ii Docombo i	-uon reoluonos, B	anding, Land, or Oth	nor recur	201010 100 01111	or riavo air intoroot in				
. Do you own or h	ave any legal or eq	uitable interest in a	ny resid	ence, building, la	and, or similar property?				
☐ No. Go to Part	2.								
Yes. Where is									
— Tes. Where is	the property:								
1.1			What	is the property?	Check all that apply				
	wood Avenue		vviiat			5			
	f available, or other des	cription	_	Single-family ho Duplex or multi-				iims or exemptio d claims on <i>Sche</i>	
			Condominium of	-	Creditors Who Have Claims Secured by Pre			roperty.	
				Condominanto	1 ocoporativo				
				Manufactured or	r mobile home	Current va	lue of the	Current value	of the
Cincinnati	ОН	45237-0000		Land		entire proj		portion you o	
City	State	ZIP Code		Investment prop	perty	\$(64,700.00	\$64	4,700.00
				Timeshare		Describe t	he nature of y	our ownership	interest
				Other		(such as fee simp		ancy by the ent	ireties, o
			Who		n the property? Check one	Fee Sim	• •		
Hamilton				Debtor 1 only		1 66 3111	hie		
County				Debtor 2 only	ohtor O only				
County					·			munity propert	у
			At least one of the	he debtors and another	(see in:	(see instructions)			
			Otho	r information vo	wish to add about this its	m such as la	real		
				r information you erty identificatior	u wish to add about this ite n number:	m, such as lo	ocal		

Official Form 106A/B Schedule A/B: Property page 1

Single-family home Duplex or multi-unit building Condominum or cooperative Condominum or condominum or cooperative Condominum or con	1.2	If you o	wn or have	more	than one, lis	st here: What	is the property? Check all that apply		
Duplex or multi-unit building Condominium or cooperative Condominium		26 Towe	r Street				Single-family home	Do not deduct secured of	laims or exemptions. Put
Cincinnati OH 45220-0000 City State ZIP Code Land Land Current value of the entire property? S81,390.00 City State ZIP Code Land Land Investment property S81,390.00 Hamilton Debtor 1 only Debtor 1 only Debtor 2 only Check one Check if this is community property Ch	_	Street addres	ss, if available, or	r other desc	cription		-	the amount of any secur	ed claims on Schedule D:
Cincinnati OH 45220-0000 City State ZIP Code Investment property Cother Who has an interest in the property? Check one Describe the nature of your ownership in (see instructions) The state of the portion you ownership in (see instructions) Other information you wish to add about this item, such as local property identification number: Rental real estate located at 26 Tower Street, Cincinnati, Ohio 45220 Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						_	· ·	Creditors Who Have Cla	ims Secured by Property.
Cincinnati OH 45220-0000 City State ZIP Code Current value of the currie property? County Hamilton County Other Obetor 2 only Debtor 1 and Debtor 2 only Land debtors and another Other information you wish to add about this item, such as local property identification number: Rental real estate located at 26 Tower Street, Cincinnati, Ohio 45220 Auditor's Value: \$81,390 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						Ц	·		
Cincinnati OH 45220-0000 City State ZIP Code Investment property S81,390.00 \$81,390.							Manufactured or mobile home	Current value of the	Current value of the
Timeshare Other		Cincinn	ati	ОН	45220-000	0 🗆	Land		portion you own?
Other Other Who has an interest in the property? Check one Describe the nature of your ownership in (such as fee simple, tenancy by the entire a life estate), if known. Fee Simple Check if this is community property Check one County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property Check one Check if this is community property Current value of the check if this is community property Current value of the check if this is community Check if this is community Current value of the check if this is community Check if this is community Current value of the check if this is community Check if this is community Check if this is community Check i	_	City		State	ZIP Code		Investment property	\$81,390.00	\$81,390.00
Check if this is community property Check one Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Check if this is community property Current value of the check if this is community property Current value of the check if this is community property Current value of the check if this is community property Current value of the check if this is community property Current value of portion you own Current value of the check if this is community property Current value of portion you own Current value of portion you own Current v							Timeshare	Describe the nature of	vour ownership interest
Debtor 1 only Debtor 2 only Debtor 2 only Check if this is community property Debtor 3 and Debtor 2 only Check if this is community property Check if this is community property At least one of the debtors and another Check if this is community property At least one of the debtors and another Check if this is community property At least one of the debtors and another Check if this is community property Check in this is								(such as fee simple, te	nancy by the entireties, or
Hamilton County Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Rental real estate located at 26 Tower Street, Cincinnati, Ohio 45220 Auditor's Value: \$81,390 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						Who	has an interest in the property? Check on		
Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only See instructions Check if this is community property At least one of the debtors and another See instructions Other information you wish to add about this item, such as local property identification number: Rental real estate located at 26 Tower Street, Cincinnati, Ohio 45220 Auditor's Value: \$81,390							Debtor 1 only	Fee Simple	
At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Rental real estate located at 26 Tower Street, Cincinnati, Ohio 45220 Auditor's Value: \$81,390 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	_		n			□	Debtor 2 only		
At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Rental real estate located at 26 Tower Street, Cincinnati, Ohio 45220 Auditor's Value: \$81,390 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here		County					Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
Part 2: Describe Your Vehicles Coras, vans, trucks, tractors, sport utility vehicles, motorcycles No No No Yes 3.1 Make: Chevrolet Model: Equinox Year: 2011 Model: Equinox Year: 2011 Model: Equinox Year: 2011 Debtor 1 and Debtor 2 only Approximate mileage: Model: Part 3. Auditor's Value: \$81,390 Street, Cincinnati, Ohio 45220 Auditor's Value: \$81,390 \$146,090 \$146							At least one of the debtors and another		y property
Auditor's Value: \$81,390 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here							•	item, such as local	
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here								ver Street, Cincinnati, (Ohio 45220
Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own omeone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make: Chevrolet Who has an interest in the property? Check one Model: Equinox Pear: Debtor 1 only Creditors Who Have Claims Secured by Property? Check one Pear Property? Property? Check one Pear Property? Check on	p	ages you	have attach	ned for I					\$146,090.00
Model: Equinox Year: 2011 Table 14,000 Approximate mileage: miles The With has an interest in the property? Check one the amount of any secured claims on Scheel Creditors Who Have Claims Secured by Property 2 only Table 2011 Debtor 1 only Debtor 2 only Current value of the Current value of portion you own		No	·	, ,	·	ŕ	•		
Model: Equinox Year: 2011 Debtor 1 only Debtor 2 only 114,000 Approximate mileage: miles Debtor 1 only Debtor 2 only Current value of the entire property? portion you own	3.1	Make:	Chevrole	t		Who has a	n interest in the property? Check one		
Approximate mileage: 114,000 Approximate mileage: Debtor 1 and Debtor 2 only Current value of the entire property? portion you ow		Model:	Equinox			Debtor	1 only	Creditors Who Have Cla	aims Secured by Property.
Approximate mileage: miles Debtor 1 and Debtor 2 only entire property? portion you ow		Year:	2011			Debtor 2	2 only		
						П			Current value of the
Other information: At least one of the debtors and another			_		miles	_	·	entire property?	portion you own?
		Other info	ormation:				one of the debtors and another		
KBB trade in value in good condition: \$5203.00 Check if this is community property (see instructions) \$5,203.00 \$5,203.00					ood			\$5,203.00	\$5,203.00
									\$5,203.00
5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here		_							_

Debtor 1

Carman C. Thomas

De	ebtor 1	Carman C. Thomas	Case number (if known)	
				portion you own? Do not deduct secured claims or exemptions.
6.	Example ☐ No	old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware Describe		
		Couch, loveseat, recliner, two beds, bedroom set, to computer, table and chairs	wo televisions,	\$2,400.00
7.	□ No	ics es: Televisions and radios; audio, video, stereo, and digital equipment; computer including cell phones, cameras, media players, games Describe	s, printers, scanners; music c	ollections; electronic devices
		Two televisions, computer, printer		\$1,200.00
8.	Example No	oles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other collections, memorabilia, collectibles Describe	other art objects; stamp, coin	or baseball card collections;
9.	Example No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tal musical instruments Describe	bles, golf clubs, skis; canoes	and kayaks; carpentry tools;
10.	■ No	ns les: Pistols, rifles, shotguns, ammunition, and related equipment Describe		
11.	□ No	les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe		
		Debtor's wardrobe		\$350.00
12.	■ No	/ les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirlo Describe	om jewelry, watches, gems, ç	gold, silver
13.	Examp ■ No	m animals les: Dogs, cats, birds, horses Describe		
14.	■ No	ner personal and household items you did not already list, including any he	ealth aids you did not list	
15		ne dollar value of all of your entries from Part 3, including any entries for part 2. Weits that appears have	ages you have attached	\$3,950,00

Official Form 106A/B Schedule A/B: Property page 3

De	btor 1	Carman C.	Thomas			Case number (ii	known)	
Day	t 4: De	escribe Your Fina	noial Access					
			legal or equitable inter	rest in any of the	following?			Current value of the portion you own? Do not deduct secured claims or exemptions.
ı	□ No [′]	,	have in your wallet, in y		fe deposit box, and on ha	nd when you file yo	ur petition	
						\$5.00 Cas Hand	h on	\$5.00
			savings, or other financia . If you have multiple ac		cates of deposit; shares ir me institution, list each.	n credit unions, bro	kerage house	es, and other similar
	_			Instit	tution name:			
			17.1.	Cha	se Bank Checking Ac	count xxxxxxx	6772	\$0.00
ı	<i>Exam</i> ■ No		or publicly traded sto s, investment accounts w Institution or i	vith brokerage firm	is, money market account	ts		
		ublicly traded s venture	tock and interests in i	ncorporated and	unincorporated busines	sses, including an	interest in a	n LLC, partnership, and
ı	Yes.	Give specific in	formation about them Name of entity:			% of ownershi	o:	
				omas LLCNo v ts received at r	value to business ental unit.			
				ank and Trust l xx79 holds all r	Business Checking ent received.	100	_ %	\$0.00
_	Negot	tiable instrument	s include personal check	ks, cashiers' check	non-negotiable instrumers, promissory notes, and neone by signing or deliver	money orders.		
I	☐ Yes.	Give specific inf	formation about them Issuer name:					
	Exam	ment or pension ples: Interests in		1(k), 403(b), thrift	savings accounts, or othe	er pension or profit-	sharing plans	;
	■ No □ Yes.	List each accou	nt separately. Type of account:	Instit	tution name:			
	Your s Exam		ed deposits you have ma		ay continue service or use es (electric, gas, water), te		companies,	or others
	■ No □ Yes.			Instit	tution name or individual:			
	Annuit	ties (A contract f	or a periodic payment o	f money to you, ei	ther for life or for a numbe	er of years)		
		ls	ssuer name and descrip	tion.				

De	btor 1	Carman	C. Thomas		Case number (if k	(nown)	
			cation IRA, in an acco (1), 529A(b), and 529(ount in a qualified ABLE program o)(1).	n, or under a qualified state tuiti	on program.	
	Yes		Institution name and	description. Separately file the red	cords of any interests.11 U.S.C. §	521(c):	
	Trusts, ■ No	, equitable o	or future interests in p	property (other than anything list	ted in line 1), and rights or powe	ers exercisable	e for your benefit
		Give specif	ic information about the	em			
	Examp			secrets, and other intellectual prites, proceeds from royalties and lice			
	■ No □ Yes.	Give specif	ic information about the	em			
	Examp ■ No	oles: Building		enses, cooperative association hold	dings, liquor licenses, professional	licenses	
	☐ Yes.	Give specif	ic information about the	em			
Mo	oney or	property ov	ved to you?			po Do	rrrent value of the rtion you own? not deduct secured hims or exemptions.
28.	Tax ref	unds owed	to you				·
	■ No	.					
	⊔ Yes.	Give specifi	c information about the	m, including whether you already f	lled the returns and the tax years		
	Examp No		e or lump sum alimony	, spousal support, child support, m	aintenance, divorce settlement, pr	operty settlem	ent
		oles: Unpaid	meone owes you wages, disability insurs; unpaid loans you ma	ance payments, disability benefits, de to someone else	sick pay, vacation pay, workers' o	compensation,	Social Security
	☐ Yes.	Give specif	ic information				
			ince policies disability, or life insura	nce; health savings account (HSA)	; credit, homeowner's, or renter's i	insurance	
	Yes.	Name the in	nsurance company of e Company na	ach policy and list its value. me:	Beneficiary:	_	Surrender or refund alue:
			MetLife Te	rm Life Insurance			\$0.00
			Union Cen	trl Life Insurance			
			Term Polic	;у			\$0.00
	If you a		eficiary of a living trust,	from someone who has died expect proceeds from a life insurar	nce policy, or are currently entitled	to receive prop	perty because

 $\hfill\square$ Yes. Give specific information..

Deb	tor 1	Carman C. Thomas		Case number (if known)	
		against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or right		and for payment	
		Describe each claim			
34.	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims o	of the debtor and rights to	set off claims
_	■ No		amig commercianis		
	☐ Yes.	Describe each claim			
35.	Any fin	nancial assets you did not already list			
	No				
L	J Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, includin art 4. Write that number here		-	\$5.00
Part	5: De	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ite in Part 1.	
37. [Do you o	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	Yes. G	Go to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	et In.	
46.	Do you	ı own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
		_			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp	n have other property of any kind you did not already list? bles: Season tickets, country club membership	?		
	■ No □ Yes.	Give specific information			
_					
54.	Add t	he dollar value of all of your entries from Part 7. Write the	at number here		\$0.00
Dont	0:	Liet the Tetals of Each Best of this Farm			
Part	о:	List the Totals of Each Part of this Form			
55.		1: Total real estate, line 2			\$146,090.00
56.		2: Total vehicles, line 5	\$5,203.00		
57. 58.		3: Total personal and household items, line 15 4: Total financial assets, line 36	\$3,950.00 \$5.00		
59.		5: Total business-related property, line 45	\$0.00		
60.		6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$9,158.00	Copy personal property to	stal \$9,158.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$155,248.00

Official Form 106A/B Schedule A/B: Property page 6

Fil	l in this inforr	mation to identify your	case:						
De	btor 1	Carman C. Thoma	as						
_		First Name	Middle Name	Last Name	_				
	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name	-				
Un	ited States Ba	inkruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	_				
	nse number _				Check if this is an amended filing				
		orm 106C e C: The Pro	operty You (Claim as Exempt	4/19				
the nee	property you l	isted on <i>Schedule A/B: F</i> and attach to this page as i	Property (Official Form 106	filing together, both are equally responsible SA/B) as your source, list the property that additional Page as necessary. On the top of some source, the source of the sour					
spe any iun exe	ecific dollar ar applicable so ds—may be u emption to a p	mount as exempt. Alter tatutory limit. Some exe unlimited in dollar amou	natively, you may claim emptions—such as thos unt. However, if you clai	fy the amount of the exemption you clai the full fair market value of the property e for health aids, rights to receive certa m an exemption of 100% of fair market v operty is determined to exceed that amo	being exempted up to the amount of in benefits, and tax-exempt retirement value under a law that limits the				
Pa	rt 1: Identi	fy the Property You Cla	im as Exempt						
1.	Which set of	h set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	■ You are cl	laiming state and federal	nonbankruptcy exemptior	ns. 11 U.S.C. § 522(b)(3)					
	☐ You are cl	laiming federal exemption	ns. 11 U.S.C. § 522(b)(2)						
2.	For any prop	perty you list on Sched	ule A/B that you claim as	s exempt, fill in the information below.					
		ion of the property and line that lists this property	e on Current value of portion you own	the Amount of the exemption you claim	Specific laws that allow exemption				
			Copy the value fro Schedule A/B	m Check only one box for each exemption.					

Official Form 106C

\$64,700.00

\$81,390.00

\$2,400.00

\$1,200.00

7223 Scottwood Avenue Cincinnati,

26 Tower Street Cincinnati, OH 45220

Tower Street, Cincinnati, Ohio 45220

Couch, loveseat, recliner, two beds,

Two televisions, computer, printer

bedroom set, two televisions,

computer, table and chairs

Line from Schedule A/B: 6.1

Line from Schedule A/B: 7.1

OH 45237 Hamilton County

Auditor's Value: \$64,700.00

Rental real estate located at 26

Line from Schedule A/B: 1.1

Auditor's Value: \$81,390 Line from Schedule A/B: 1.2

Hamilton County

Ohio Rev. Code Ann. §

2329.66(A)(4)(a)

2329.66(A)(4)(a)

2329.66(A)(1)

2329.66(A)(18)

\$0.00

\$1,325.00

\$2,400.00

\$1,200.00

100% of fair market value, up to

100% of fair market value, up to

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

any applicable statutory limit

any applicable statutory limit

btor 1 Carman C. Thomas			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exempti
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Debtor's wardrobe Line from <i>Schedule A/B</i> : 11.1	\$350.00	•	\$350.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
and nom solitodale 702.			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(1)(u)
55.00 Cash on Hand ine from Schedule A/B: 16.1	\$5.00		\$5.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
ine non schedule A/D. 19.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(0)
Chase Bank Checking Account	\$0.00	•	\$302.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
ine from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	The second secon
homas & Thomas LLCNo value to usiness apart from rents received at	\$0.00		\$30.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
ental unit.			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(0)
Stock Yards Bank and Trust Business Checking Account EXXXXX79 holds all rent received.				
00 % ownership ine from Schedule A/B: 19.1				
MetLife Term Life Insurance ine from Schedule A/B: 31.1	\$0.00		\$0.00	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(e), 3923.19
			100% of fair market value, up to any applicable statutory limit	
Inion Centrl Life Insurance	\$0.00	•	\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
erm Policy ine from Schedule A/B: 31.2			100% of fair market value, up to any applicable statutory limit	
are you claiming a homestead exemption of Subject to adjustment on 4/01/22 and every 3	of more than \$170,35	0?	led on or after the date of adjustmen	of)
■ No	, yours and man of the	1000 111	iod on or anor the date or adjustine	,
☐ Yes. Did you acquire the property covere	ed by the exemption w	ithin 1	,215 days before you filed this case	?
□ No	-		•	
☐ Yes				

FIII	in this information to i	dentify you	r case:					
Deb		an C. Thor						
Dah	First Nam	ie	Middle Name Last N	Name				
	tor 2 use if, filing) First Nam	ne	Middle Name Last N	Name				
1 1 :4	ad Ctataa Danimuntay C		COLITIERN DISTRICT OF OUR					
Unit	ed States Bankruptcy C	ourt for the:	SOUTHERN DISTRICT OF OHIO					
Cas	e number							
(if kno	own)						_	if this is an
							ameno	ded filing
Offi	cial Form 106D							
			Who Hove Claims Soo	urad	by Droport			40/45
<u> </u>	nedule D: Cre	eartors	Who Have Claims Sec	urea	by Propert	<u>y</u>		12/15
is ne			f two married people are filing together, both out, number the entries, and attach it to this					
	any creditors have claim	s secured by	vour property?					
		-	nis form to the court with your other sched	ules. You	have nothing else t	o report	on this form.	
	Yes. Fill in all of the i		•		g	о торот		
			Delow.					
	1: List All Secured				Column A	Colum	ın B	Column C
			nore than one secured claim, list the creditor se a particular claim, list the other creditors in Part		Amount of claim		of collateral	Unsecured
much as possible, list the claims in alphabe						that s	upports this	portion
	Community Loan				value of collateral.	claim		If any
2.1	Servicing		Describe the property that secures the clai	m:	\$104,120.00		\$64,700.00	\$39,420.00
	Creditor's Name		7223 Scottwood Avenue Cincinna	ati,				
			OH 45237 Hamilton County					
	4425 Ponce De Le	on	Auditor's Value: \$64,700.00 As of the date you file, the claim is: Check al	II that				
	Blvd, 5th Floor		apply.	II IIIai				
Miami, FL 33146			Contingent					
	Number, Street, City, State &	Zip Code	Unliquidated					
\A/I ₂ -	awaa tha dahta o		Disputed					
_	o owes the debt? Check	one.	Nature of lien. Check all that apply.					
_	ebtor 1 only		An agreement you made (such as mortgage	ge or secur	ed			
_	ebtor 2 only		car loan)					
	Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mechanic's	s lien)				
	t least one of the debtors a		☐ Judgment lien from a lawsuit					
	check if this claim relates community debt	to a	Other (including a right to offset)					
	QQ	ened						
Date	-	4/05	Last 4 digits of account number	2279				

Debtor 1 Carman C. Thomas		Case number (if known)		
First Name Middle N	ame Last Name			
2.2 Consumer Portfolio Svc	Describe the property that secures the claim:	\$18,867.00	\$5,203.00	\$13,664.00
Creditor's Name	2011 Chevrolet Equinox 114,000 miles miles			
	KBB trade in value in good condition: \$5203.00			
Po Box 57071	As of the date you file, the claim is: Check all that			
Irvine, CA 92619	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
9/28/14 Last Active Date debt was incurred 8/10/15	Last 4 digits of account number 891			
2.3 Homeplus Fin	Describe the property that secures the claim:	\$4,458.00	\$64,700.00	\$4,458.00
Creditor's Name 600 Lairport Stree El Segundo, CA 90245	7223 Scottwood Avenue Cincinnati, OH 45237 Hamilton County Auditor's Value: \$64,700.00 As of the date you file, the claim is: Check all that apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Number, Street, Sity, State & 219 Sode	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or scar loan)	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Opened 1/31/08 Last Active				

Date debt was incurred 8/25/15

Last 4 digits of account number

0051

First Name Middle N	lame Last Name			
2.4 SN Servicing	Describe the property that secures the claim:	\$79,113.75	\$81,390.00	\$0.00
Creditor's Name	26 Tower Street Cincinnati, OH			
	45220 Hamilton County			
	Rental real estate located at 26			
	Tower Street, Cincinnati, Ohio			
	45220			
	Auditor's Value: \$81,390			
323 5th Street	As of the date you file, the claim is: Check all that			
Eureka, CA 95501	apply.			
	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who awas the debt 2 O	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage			
Date debt was incurred	Last 4 digits of account number 0106			
	Column A on this page. Write that number here:	\$206,558.7	' 5	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$206,558.7	' 5	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Debtor 1 Carman C. Thomas

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this inf	ormation to identify your	case:				
Debtor 1	Carman C. Thoma	ns.				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT OF C	OHIO			
Case number						
(if known)					☐ Check if	this is an
					amended	d filing
Official Ea	**** 10CE/E					
	orm 106E/F	U 11 11				40/45
		ho Have Unsecured Part 1 for creditors with PRIORI				12/15
eft. Attach the on the one of the		ured by Property. If more space is e. If you have no information to re secured Claims				
1. Do any cre	ditors have priority unsecure	d claims against you?				
■ No. Go	to Part 2.					
☐ Yes.						
Part 2: Lis	t All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any cre	ditors have nonpriority unsec	cured claims against you?				
☐ No. You	have nothing to report in this pa	art. Submit this form to the court with	h your other sche	dules.		
Yes.						
unsecured	claim, list the creditor separately	aims in the alphabetical order of t y for each claim. For each claim liste ist the other creditors in Part 3.If you	ed, identify what t	pe of claim it is. Do not list claim	s already included in	Part 1. If more
					Total	claim
4.1 Choi	ce Recovery	Last 4 digits of ac	count number	3023		\$23.00
Nonpri	ority Creditor's Name				•	
	Old Henderson Rd St mbus, OH 43220	When was the del	ot incurred?	Opened 4/08/14 Last / 11/01/13	Active	
	er Street City State Zip Code	As of the date you	ı file. the claim i	s: Check all that apply		
	ncurred the debt? Check one.	,		or onlook all that apply		
■ De	btor 1 only	☐ Contingent				
	btor 2 only	☐ Unliquidated				
	btor 1 and Debtor 2 only	☐ Disputed				
	least one of the debtors and and		RITY unsecured	l claim:		
	eck if this claim is for a com					
debt	con il ulio cialili io ioi a collii		ing out of a sepa	ration agreement or divorce that y	you did not	
Is the	claim subject to offset?	report as priority cla	aims			
■ No		•	•	g plans, and other similar debts		
☐ Ye	S	Other. Specify	Collection A	Attorney Qualified Emerg	gency	

Debto	or 1 Carman C. Thomas		Case number (if known)	
4.2	Choice Recovery Nonpriority Creditor's Name	Last 4 digits of account number	3116	\$21.00
	1550 Old Henderson Rd St Columbus, OH 43220	When was the debt incurred?	Opened 7/12/10 Last Active 2/01/10	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Emergency Specialist	
4.3	Controlled Credit Corp. Nonpriority Creditor's Name	Last 4 digits of account number	8xxx	\$877.62
	PO Box 5154 Cincinnati, OH 45205	When was the debt incurred?	7/18/15	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Cincinnati	Children's	
1.4	Duke Energy	Last 4 digits of account number	10xx	\$682.83
	Nonpriority Creditor's Name P.O. Box 1326	When was the debt incurred?	9/23/15	
	Charlotte, NC 28201 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Utilities		

Debt	or 1 Carman C. Thomas		Case number (if known)	
4.5	Duke Energy Nonpriority Creditor's Name	Last 4 digits of account number		\$2,700.00
	P.O. Box 1326 Charlotte, NC 28201	When was the debt incurred?	9/1/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Utilities on	rental unit	
4.6	Enhanced Recovery Co L Nonpriority Creditor's Name	Last 4 digits of account number	2094	\$154.00
	8014 Bayberry Rd Jacksonville, FL 32256	When was the debt incurred?	Opened 4/22/14 Last Active 5/01/10	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	tration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	• •	
	Yes	Other. Specify Collection	Attorney Time Warner Cable	
4.7	Escallate LIc Nonpriority Creditor's Name	Last 4 digits of account number	8926	\$193.00
	5200 Stoneham Rd North Canton, OH 44720	When was the debt incurred?	Opened 11/27/12 Last Active 12/01/11	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Collection	Attorney Beacon Orthopedics	

Debtor	1 Carman C. Thomas		Case number (if known)	
4.8	Ginnys Nonpriority Creditor's Name	Last 4 digits of account number	863O	\$234.00
	1112 7th Ave Monroe, WI 53566	When was the debt incurred?	Opened 5/29/08 Last Active 1/01/10	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Charge Acc	count	
4.9	GLA Collections	Last 4 digits of account number		\$50.00
	Nonpriority Creditor's Name PO Box 991199 Louisville, KY 40269	When was the debt incurred?	6/24/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	_			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim:	
	At least one of the debtors and another	Student loans	a Glaini.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other Specify Group Heal	th	
4.1	Global	Last 4 digits of account number	0861	\$100.00
0	Nonpriority Creditor's Name			<u> </u>
	22 East Main St Po Box 750 Geneva, OH 44041	When was the debt incurred?	Opened 3/24/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	•	
	Yes	Other. Specify Collection	04 Cincinnati Parkin	

1 Carman C. Thomas	Case number (if known)	
Greater Cincinnati Waterworks	Last 4 digits of account number 7xxx	\$196.1
Nonpriority Creditor's Name 4747 Spring Grove Avenue Cincinnati, OH 45232	When was the debt incurred? 9/21/15	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce the report as priority claims	hat you did not
■ No	Debts to pension or profit-sharing plans, and other similar deb	ots
Yes	Other. Specify Water bill	
Greater Cincinnati Waterworks	Last 4 digits of account number 1077	\$987.
Nonpriority Creditor's Name 4747 Spring Grove Avenue Cincinnati, OH 45232	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce the report as priority claims	hat you did not
■ No	Debts to pension or profit-sharing plans, and other similar deb	ots
Yes	Other. Specify Water at Tower rental	
Jewish Hospital	Last 4 digits of account number 8xxx	\$100.
Nonpriority Creditor's Name PO Box 630804	When was the debt incurred? 4/18/15	
Cincinnati, OH 45263 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce the report as priority claims	•
No	Debts to pension or profit-sharing plans, and other similar deb	ots
□ Yes	Other. Specify Medical	

1 Carman C. Thomas		Case number (if known)	
Meade & Associates Nonpriority Creditor's Name	Last 4 digits of account number	8345	\$2,552.00
737 Enterprise Dr Westerville, OH 43081	When was the debt incurred?	Opened 4/08/15 Last Active 1/01/14	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Collection	Attorney Tiffin University	
Medical Xray	Last 4 digits of account number	48xx	\$136.2
Nonpriority Creditor's Name PO Box 42456	When was the debt incurred?	2/12/15	
Cincinnati, OH 45242 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical		
Ohio Department of Taxation	Last 4 digits of account number	62xx	\$1,231.8
Nonpriority Creditor's Name PO Box 2679 Columbus, OH 43218	When was the debt incurred?	2008	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	■ Other. Specify Sales Tax		

Carman C. Thomas		Case number (if known)	
Premier Pediatric Nonpriority Creditor's Name	Last 4 digits of account number	560	\$20.00
PO Box 644668 Pittsburgh, PA 15264	When was the debt incurred?	1/8/15	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical		
Prestige Patient Transport	Last 4 digits of account number	2908	\$1,675.90
Nonpriority Creditor's Name PO Box 676001	When was the debt incurred?	10/29/21	
Dallas, TX 75267 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐Yes	Other. Specify Medical		
Senex Services Corp	Last 4 digits of account number	4984	\$875.00
Nonpriority Creditor's Name	_		
333 Founds Rd Indianapolis, IN 46268	When was the debt incurred?	Opened 6/05/15 Last Active 11/01/13	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other, Specify Collection A	Attorney Good Samaritan Hospi	

Debt	Carman C. Thomas		Case number (if known)	
4.2)	Senex Services Corp Nonpriority Creditor's Name	Last 4 digits of account number	18N1	\$187.00
	333 Founds Rd Indianapolis, IN 46268	When was the debt incurred?	Opened 1/05/12 Last Active 2/01/10	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Good Samaritan Hospi	
1.2	Time Warner Cable	Last 4 digits of account number	8xxx	\$154.00
,	Nonpriority Creditor's Name PO Box 57547 Jacksonville, FL 32241	When was the debt incurred?	4/22/14	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Cable		
1.2	TriHealth	Last 4 digits of account number	1007	\$2,500.00
	Nonpriority Creditor's Name 619 Oak Street	When was the debt incurred?	2/18/15	. ,
	Cincinnati, OH 45206 Number Street City State Zip Code	As of the date you file, the claim i	is: Chook all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim i	s. Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	rration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐Yes	■ Other. Specify Medical		
		— Outon Opeony		

Debto	Carman C. Thomas		Case number (if known)	
4.2	Trihealth	Last 4 digits of account number		\$2,400.00
3	Nonpriority Creditor's Name 619 Oak Street	Last 4 digits of account number When was the debt incurred?	11/10/12	Ψ2, 400.00
	Cincinnati, OH 45206 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a separeport as priority claims 	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify Medical bil	ls	
4.2	Us Dept Of Ed/Glelsi	Last 4 digits of account number	8581	\$30,321.00
,	Nonpriority Creditor's Name			
	Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 2/08/11 Last Active 8/01/15	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Employme	nt	
4.2	Zimmerman and Company CPAs	Last 4 digits of account number	3448	\$1,914.75
	Nonpriority Creditor's Name 1080 Nimitzview Drive, Suite 400	When was the debt incurred?	8/31/15	
	Cincinnati, OH 45230 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	Other. Specify		
		• —		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

S	nas	The	C.	Carman	Debtor 1
---	-----	-----	----	--------	----------

Debtor 1	Carman C. Thomas	Case number (if known)	

Group Health 4600 Wesley Avenue, Suite N Cincinnati, OH 45212

Line $\underline{\textbf{4.9}}$ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
otal Iaims				
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
otal	6f.	Student loans	6f.	\$ 0.00
laims om Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$ 0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 50,286.60
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 50,286.60

Fill in this infor	mation to identify your	case:		
Debtor 1	Carman C. Thoma	as		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				☐ Check if this is
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	DeWayne Bankhead & Dejah Ervin 26 Tower Street, 2nd Floor Cincinnati, OH 45220	Lease of apartment at \$1300 per month form 1/1/22 to 12/31/22
2.2	Yolanda Norman 26 Tower Street, 1st Floor Cincinnati, OH 45220	Lease of apartment at \$900 per month from 1//1/22 to 12/31/22

Fill in this	information to identify you	r case:			
Debtor 1	Carman C. Thon	nas			
D 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
		-			
Case numb (if known)	ber				☐ Check if this is an
					amended filing
Official	I Form 106⊔				
	l Form 106H	ما مام د			
Schea	lule H: Your Cod	aeptors			12/15
1. Do <u>y</u>	you have any codebtors? (I	f you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes	.				
	h in the last 8 years, have yo a, California, Idaho, Louisiana				states and territories include
Alizon	a, Gamornia, Idano, Eduisiani	a, Nevada, New Mexico, Fu	icito Rico, Texas, Wasii	ington, and wisconsin.)	
	Go to line 3.				
⊔ Yes	s. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	7IP Code			editor to whom you owe the debt
	tame, names, suces, sty, state and			Check all schedule	ες ιπαι αρριγ.
3.1	Namo			Schedule D, line	
'	Name			☐ Schedule E/F, li ☐ Schedule G, line	
_	Niverbara Otrast				G
	Number Street City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	e
	Number Street			_	
(City	State	ZIP Code		

Schedule H: Your Codebtors

Fill	in this information to ide	ntify your ca	ase:				1					
		rman C. T										
_	otor 2					_						
Uni	ted States Bankruptcy C	ourt for the	SOUTHERN DISTRIC	T OF OHIO								
(If kr		ur Inco	DME sible. If two married peo are married and not filir				and D	13 income MM / DD/ Y	ed filing ent showir as of the f YYYY		12/15	
spo atta	use. If you are separate	ed and you this form. (r spouse is not filing wi On the top of any additi	th you, do not incl	ude infor	mati	on abo	out your spe	ouse. If m	ore space is	needed,	
1.	Fill in your employment information.			Debtor 1				Debtor 2	2 or non-f	iling spouse		
	If you have more than one job, attach a separate page with	e with	Employment status	■ Employed□ Not employed				☐ Employed ☐ Not employed				
	information about additional employers.		Occupation Recruiter									
	Include part-time, seas self-employed work.	sonal, or	Employer's name	Eastern Person	nnel Ser	vice	s					
	Occupation may include or homemaker, if it app		Employer's address	619 Central Av Cincinnati, OH								
			How long employed to	here? 5 mon	ths							
Pai	t 2: Give Details	About Mon	thly Income									
spoi If yo	use unless you are sepa	rated. ise have mo	ate you file this form. If your than one employer, co	_								
mor	e space, attach a separa	ate sheet to	this form.				For D	Debtor 1		btor 2 or		
2.			ry, and commissions (be calculate what the monthl		2.	\$		3,112.15	\$	N/A		
3.	Estimate and list mor	nthly overti	me pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Inco	me. Add lin	ne 2 + line 3.		4.	\$	3	,112.15	\$	N/A		

				F	For Debtor 1		For Debtor 2 or non-filing spouse			
	Copy	y line 4 here	4.	\$	3,112	.15	\$		N/A	
5.	List a	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	422	.15	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$.00	\$_		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	\$.00	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d.	\$.00	\$_		N/A	-
	5e.	Insurance	5e.	\$.00	\$_		N/A	-
	5f.	Domestic support obligations	5f.	\$	0	.00	\$		N/A	-
	5g.	Union dues	5g.	\$	0	.00	\$		N/A	-
	5h.	Other deductions. Specify:	5h	+ \$	0	.00	+ \$ _		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	422	.15	\$		N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,690	.00	\$		N/A	
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	1,912	25	\$		N/A	
	8b.	Interest and dividends	8b.	\$.00	\$_		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		0.00	*_ \$		N/A	-
	8d.	Unemployment compensation	8d.	\$.00	\$_		N/A	-
	8e.	Social Security	8e.	\$.00	\$_		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$		0.00	\$		N/A	-
	8g.	Pension or retirement income	8g.	\$.00	\$_		N/A	
	8h.	Other monthly income. Specify:	8h	+ \$	U	.00	+ \$_		N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,912	2.25	\$_		N/A	X
10.	Calc	ulate monthly income. Add line 7 + line 9.	0. \$		4,602.25	+ \$		N/A	= \$	4,602.25
	Add t	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,					,
11.	Include other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your or friends or relatives. or include any amounts already included in lines 2-10 or amounts that are not a cify:	depen					Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines						12.	\$	4,602.25
									Combir	ned v income
13.	Do y∈	ou expect an increase or decrease within the year after you file this form? No.	•							, moonie
		Yes. Explain: As of January 1st, Debtor was able to rent out the month on top of the first unit at \$900 per month.	e sec	ond	l unit of he	rent	al ho	use for	\$1300	per

Fill	in this information to identify y	our case:										
Deb	ctor 1 Carman C. 1	homas			Chec	k if this is:						
Debtor 2						☐ An amended filing ☐ A supplement showing postpetition cha						
	ouse, if filing)					13 expenses as of						
Unit	ed States Bankruptcy Court for the	: SOUTH	ERN DISTRICT OF OHIO		ī	MM / DD / YYYY						
Cas	e number											
(If k	nown)											
_	#: -! -! - 400 !				l							
	fficial Form 106J	<u></u>										
	chedule J: Your as complete and accurate as			e filing together, b	oth are equa	Illy responsible fo	12/15 r supplying correct					
info	ormation. If more space is ne mber (if known). Answer eve	eded, attac	ch another sheet to this									
Par 1.	t 1: Describe Your House Is this a joint case?	ehold										
	■ No. Go to line 2. □ Yes. Does Debtor 2 live	in a separa	ite household?									
	□ No		al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debte	or 2.						
2			,,,,									
2.	Do you have dependents? Do not list Debtor 1 and	_	Fill out this information for	Dependent's relati	ionshin to	Dependent's	Does dependent					
	Debtor 2.	☐ Yes.	each dependent	Debtor 1 or Debtor		age	live with you?					
	Do not state the						□ No					
	dependents names.						☐ Yes ☐ No					
							☐ Yes					
							□ No					
							Yes					
							□ No					
3.	Do your expenses include	_	N.a.				☐ Yes					
٠.	expenses of people other t yourself and your depende	han 👝	No Yes									
Par	t 2: Estimate Your Ongo	ing Monthly	/ Expenses									
exp	imate your expenses as of y penses as of a date after the plicable date.	our bankru bankruptcy	ptcy filing date unless y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a sup J, check the	oplement in a Cha e box at the top of	pter 13 case to report f the form and fill in the					
	lude expenses paid for with											
	value of such assistance an ficial Form 106l.)	id have inc	luded it on <i>Schedule I: Y</i>	our Income		Your expe	enses					
4.	The rental or home owners payments and any rent for the			nclude first mortgage	e 4. \$		0.00					
	If not included in line 4:											
	4a. Real estate taxes				4a. \$		0.00					
	4b. Property, homeowner'				4b. \$		0.00					
	4c. Home maintenance, re	•			4c. \$		50.00					
5.	4d. Homeowner's associa Additional mortgage paym			me equity loans	4d. \$ 5. \$		0.00					
J.	Additional mortgage payin	cinca ioi yo	ai residence, such as 110	ino equity ivalis	υ. φ		0.00					

Debtor 1 Car	man C. Thomas	Case num	ber (if known)	
. Utilities:				
	ctricity, heat, natural gas	6a.	\$	220.00
	er, sewer, garbage collection	6b.	\$	75.00
	ephone, cell phone, Internet, satellite, and cable services	6c.	\$	175.25
	er. Specify:	6d.	\$	0.00
	housekeeping supplies	7.	·	270.00
	and children's education costs	8.	\$	0.00
	laundry, and dry cleaning	9.	\$	50.00
	care products and services	10.	\$	70.00
	nd dental expenses	11.	\$	50.00
	tation. Include gas, maintenance, bus or train fare.		·	
	lude car payments.	12.	\$	315.00
Entertainr	ment, clubs, recreation, newspapers, magazines, and books	13.	\$	30.00
. Charitable	e contributions and religious donations	14.	\$	30.00
. Insurance).			
	lude insurance deducted from your pay or included in lines 4 or 20.		_	
15a. Life		15a.	·	154.00
	Ith insurance	15b.	·	0.00
	icle insurance	15c.	· ·	140.00
	er insurance. Specify:	15d.	\$	0.00
Specify: _	onot include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	nt or lease payments:			
	payments for Vehicle 1	17a.	· ·	0.00
	payments for Vehicle 2	17b.	·	0.00
	er. Specify:	17c.	·	0.00
	er. Specify:	17d.	\$	0.00
	ments of alimony, maintenance, and support that you did not report		¢	0.00
deducted	from your pay on line 5, Schedule I, Your Income (Official Form 106)	I). ^{18.}		
	ments you make to support others who do not live with you.	40	\$	0.00
Specify:	I numerity average not included in lines 4 of 5 of this form on an Co	19.	Incomo	
	I property expenses not included in lines 4 or 5 of this form or on Satgages on other property	20a.		0.00
	Il estate taxes	20b.		0.00
	perty, homeowner's, or renter's insurance	20c.	·	0.00
	ntenance, repair, and upkeep expenses	20d.	·	0.00
	neowner's association or condominium dues	20d. 20e.	·	
			Ψ +\$	0.00
. Other: Spe	•		· · · · · · · · · · · · · · · · · · ·	50.00
Security	System		+\$	60.00
Calculate	your monthly expenses			
22a. Add li	ines 4 through 21.		\$	1,739.25
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	<u> </u>
22c. Add li	ine 22a and 22b. The result is your monthly expenses.		\$	1,739.25
Calculate	your monthly net income.			
	by line 12 (your combined monthly income) from Schedule I.	23a.	\$	4 ED2 2E
	y your monthly expenses from line 22c above.	23a. 23b.		4,602.25
230. COP	y your monumy expenses nom me 226 above.	۷۵۵.	-ψ	1,739.25
	tract your monthly expenses from your monthly income.		6	0.000.00
The	result is your monthly net income.	23c.	\$	2,863.00
For example	spect an increase or decrease in your expenses within the year after e, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?	you file this our mortgage	s form? payment to increase	or decrease because o
— 140. П Уев	Explain here:			

Fill in this	information to identify you	r case:			
Debtor 1	Carman C. Thor	nas			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case numb	er				
(if known)					☐ Check if this is an
					amended filing
	ration About				12/15
	ou people ale illing regeni	o., oqua,p.	g co		
obtaining n	le this form whenever you noney or property by fraud oth. 18 U.S.C. §§ 152, 1341, Sign Below	in connection with a ban			
Did yo	ou pay or agree to pay som	eone who is NOT an atto	rney to help you fill out ba	nkruptcy forms?	
	lo .				
□ Y	es. Name of person				Petition Preparer's Notice, Signature (Official Form 119)
				·	
	penalty of perjury, I declar ey are true and correct.	e that I have read the sum	nmary and schedules filed	with this declaration and	
Y /o	/ Carman C. Thomas		Х		
	arman C. Thomas		^Signature of D	lehtor 2	
	gnature of Debtor 1		Oignatale of D	00.01 2	
_	ate January 15, 2022		Date		

FI	l in this inforn	nation to identify you	r case:			
De	ebtor 1	Carman C. Thon				
De	ebtor 2	First Name	Middle Name	Last Name		
1 -	ouse if, filing)	First Name	Middle Name	Last Name		
Ur	nited States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO		
Ca	ise number					
(if k	known)				_	Check if this is an mended filing
\sim	fficial Fa	rm 107				
_	fficial Fo		Affaire for Individ	duals Filing for B	ankruptov	4/40
			Affairs for Individ			4/19
info	ormation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you	
Pa	rt 1: Give D	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	r current marital statu	ıs?			
	□ Married■ Not mar					
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
			-	-		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	ı.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
3.					ity property state or territory	
olu	_	oo morado y mzoria, od	mornia, radiro, Eddiciana, No	vada, rrow woxloo, r dono rr	roo, roxao, rraomington and r	1000110111.)
	■ No □ Yes. Ma	oko guro vou fill out Sal	andula H. Vaur Cadabtara (O:	fficial Form 106H)		
	res. Ivia	ike sure you iiii out S <i>ci</i>	nedule H: Your Codebtors (O	iliciai Form 100H).		
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No					
		in the details.				
	_ 100.1111	in the details.				
			Debtor 1	0	Debtor 2	0
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$718.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

				Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
	or last calen anuary 1 to		31, 2021)	■ Wages, commissions, bonuses, tips	\$6,143.75	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	or the calend anuary 1 to			■ Wages, commissions, bonuses, tips	\$10,912.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	or the calend anuary 1 to		31, 2019)	■ Wages, commissions, bonuses, tips	\$12,420.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	List each s	•	he gross inco		you received together, list it o	,	
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
	om January e date you f		nt year until nkruptcy:	Rent	\$2,200.00		
	or last calen anuary 1 to		31, 2021)	Rent	\$10,800.00		
	or the calend anuary 1 to			Rent	\$10,800.00		
Рā	rt 3: List	Certain Pa	yments You	Made Before You Filed for	вапкгирtсу		
6.	Are either □ No.	Neither Do	ebtor 1 nor D	s debts primarily consume bebtor 2 has primarily consu- personal, family, or househo	umer debts. Consumer debts	are defined in 11 U.S.C. § 10	1(8) as "incurred by an
		During the	-		id you pay any creditor a total	of \$6,825* or more?	
		□ No.	Go to line 7				
		Yes	paid that cre not include	editor. Do not include paymer payments to an attorney for t	nts for domestic support oblig his bankruptcy case.	n one or more payments and the ations, such as child support a confer the date of adjustment	nd alimony. Also, do
		Gubject	io aujustinem	. On -1/0 1/22 and Every J year	o artor triat for bases filed bill	or arror the date of adjustifierit	•

	Yes. Debtor 1 or Debtor 2 or both have During the 90 days before you file.			al of \$600 or more	e?	
	■ No. Go to line 7.					
	☐ Yes List below each credit	or to whom you paid a total domestic support obligations ruptcy case.				
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No Yes. List all payments to an insider.	artners; relatives of any gene control, or owner of 20% or	eral partners; partners more of their votin	erships of which y g securities; and	ou are a genera any managing a	al partner; corporations agent, including one for
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
			paid	still owe		
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		ilenio di transier	any property on	account of a a	ost mai sonomed an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment
Par	t 4: Identify Legal Actions, Repossession	ns and Foreclosures	para	o our	morado oroc	mor o namo
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.	cy, were you a party in an				
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11.		rty repossessed, f	foreclosed, garn	ished, attache	d, seized, or levied?
	Yes. Fill in the information below. Creditor Name and Address	Describe the Property		Date	<u> </u>	Value of the
		Explain what happened				property
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details.		uding a bank or fi	nancial institutio	n, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date	e action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		rty in the possess			efit of creditors, a
Offic	☐ Yes al Form 107 Stater	ment of Financial Affairs for In	dividuals Filing for I	Bankruptov		page \$
2.110	Otalei					page .

Case number (if known)

Debtor 1 Carman C. Thomas

Pa	rt 5: List Certain Gifts and Contributions			
		tcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankrup No	tcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or con	tribution.		
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Dο	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptor gambling? ■ No □ Yes. Fill in the details.	cy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster
	how the loss occurred	escribe any insurance coverage for the loss adduct the amount that insurance has paid. List pending a surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Dα	rt 7: List Certain Payments or Transfers			
	Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre	cy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? parers, or credit counseling agencies for services require		rty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Person Who Made the Payment, if Not You	1	mado	
	Barr, Jones & Associates LLP 810 Sycamore Street, 5th Floor Cincinnati, OH 45202	\$600.00 Legal Fee Paid \$310.00 Filing Fee PIF	12/5/21	\$600.00
17.		cy, did you or anyone else acting on your behalf pay or sor to make payments to your creditors? bu listed on line 16.	or transfer any prope	rty to anyone who
	Person Who Was Paid	Description and value of any property	Date payment	Amount of
	Address	transferred	or transfer was	payment

Case number (if known)

Debtor 1 Carman C. Thomas

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr		Describe any property o payments received or depaid in exchange				
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.		y property to a se	elf-settled trust or similar d	levice of which you are a			
	Name of trust	Description and v	alue of the prope	rty transferred	Date Transfer was made			
Par	t 8: List of Certain Financial Accounts, Insti	ruments, Safe Deposit	Boxes, and Stora	age Units				
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No Yes. Fill in the details.	other financial accour	nts; certificates of	•				
		Last 4 digits of account number	Type of account instrument	t or Date account wa closed, sold, moved, or transferred	s Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 ye cash, or other valuables? No Yes. Fill in the details.	ar before you filed for	bankruptcy, any	safe deposit box or other	depository for securities,			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		escribe the contents	Do you still have it?			
22.	Have you stored property in a storage unit or	place other than your	home within 1 ye	ear before you filed for ban	ıkruptcy?			
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		escribe the contents	Do you still have it?			
Par	t 9: Identify Property You Hold or Control fo	or Someone Else						
23.	Do you hold or control any property that some for someone. No Yes. Fill in the details.	eone else owns? Inclu	ude any property	you borrowed from, are st	oring for, or hold in trust			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the property	Value			
Par	rt 10: Give Details About Environmental Infor							
For	the purpose of Part 10, the following definition	ns apply:						

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Carman C. Thomas Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Dan		that you know		. 4h a					
•	port all notices, releases, and proceeding								
24.	Has any governmental unit notified you	that you may be	liable or potentially liable	und	er or in viol	ation of an environm	ental law?		
	■ No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Coo		nmental unit SS (Number, Street, City, State and)		Environmer know it	ntal law, if you	Date of notice		
25.	Have you notified any governmental un	t of any release	of hazardous material?						
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Co.		nmental unit SS (Number, Street, City, State and)		Environmer know it	ntal law, if you	Date of notice		
26.	Have you been a party in any judicial or	administrative p	roceeding under any envi	ronn	nental law?	Include settlements	and orders.		
	■ No								
	Yes. Fill in the details.	0		NI - 1			Otatus af the		
	Case Title Case Number	Name Addres	or agency SS (Number, Street, City, I ZIP Code)	Nat	ure of the c	ase	Status of the case		
Par	rt 11: Give Details About Your Business	or Connections	to Any Business						
27.	Nithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?								
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	☐ No. None of the above applies. Go	to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.								
	Business Name Address	Describe th	e nature of the business			Identification numbe			
	(Number, Street, City, State and ZIP Code)	Name of ac	Name of accountant or bookkeeper		Dates business existed				
	Thomas & Thomas Property Management	Property N	Property Manager		EIN:	45-4693787			
7223 Scottwood Avenue Cincinnati, OH 45237					From-To	3/1/12 to Present			

Debto	or 1 Carman C. Thomas	Case number (if known)			
	Vithin 2 years before you filed for bankru nstitutions, creditors, or other parties.	ptcy, did you give a financial statement to anyone about your business? In	clude all financial		
	No Yes. Fill in the details below.				
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued			
Part '	12: Sign Below				
18 U.S	i bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571. arman C. Thomas	o \$250,000, or imprisonment for up to 20 years, or both.			
	nan C. Thomas ature of Debtor 1	Signature of Debtor 2			
Date	January 15, 2022	Date			
Did yo ■ No □ Yes		ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form	1 107)?		
Did yo	.,	not an attorney to help you fill out bankruptcy forms?			
⊐ Yes	s. Name of Person . Attach the Banki	cruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)			

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re: Carman C. Thomas		Case No.
Carman C. Momas		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. **Disclosure**

1.	1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to m services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case follows:						
F	For legal services, I have agreed to accept	\$	4,350.00				
	Prior to the filing of this statement I have received		600.00				
В	Balance Due	\$	3,750.00				
2.	\$_313.00 of the filing fee has been paid.						
3.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
5.	■ I have not agreed to share the above-disclosed compensation with any other associates of my law firm.	persons unless t	hey are members and/or				
	☐ I have agreed to share the above-disclosed compensation with another person of my law firm. A copy of the agreement, together with a list of the names of attached.						

Application

- I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$4,350, for rendering the legal services set forth below. If I seek payment of fees in excess of \$4,350, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's a. financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, b. applicable court orders, and provisions of his or her chapter 13 plan;
 - Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form c. 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be
 - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided,

legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in the submission of the annual tax return or the retaining of the tax refund pursuant to the Mandatory Form Chapter 13 Plan, exclusive of any subsequent inquiry, amendment, status report, motion, objection or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

la	nı	ıa	rv,	15.	20	22
Ja	H	14	ıv	1:).	_ / U	

Date

/s/ Andrew P. Brasse

Andrew P. Brasse

Name

Barr, Jones & Associates LLP 810 Sycamore Street, 4th Floor Cincinnati, OH 45202 513-729-9079 Fax: 513-263-9101 abrasse@barrioneslegal.com

0082363 OH

Fill in this information to identify your case:				
Debtor 1	Carman C. Thomas			
Debtor 2 (Spouse, if filing)				
United States B	ankruptcy Court for the:	Southern District of Ohio		
Case number (if known)				

Check	Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	• • •	•					
Part	1: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check or	ne only.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2	-11.					
10 th	Il in the average monthly income that you received from 11(10A). For example, if you are filing on September 15, the e 6 months, add the income for all 6 months and divide the couses own the same rental property, put the income from the	e 6-month peri e total by 6. Fill	iod would I in the re	be March 1 thro	ugh August 31. If the a de any income amount	mount of your monthly incom more than once. For example	e varied during e, if both
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtipayroll deductions).	ime, and co	mmissio	ons (before all	\$1,372.43	\$	
3.	Alimony and maintenance payments. Do not incocolumn B is filled in.	lude paymer	nts from	a spouse if	\$	\$	
4.	All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Do not include payments from a syou listed on line 3.	port. Include ehold, your d	e regulai depende	contributions nts, parents,	\$ 0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	- \$	0.00				
	Net monthly income from a business, profession, o	or farm \$	0.00	Copy here ->	\$ 0.00	\$	
6.	Net income from rental and other real property	Debtor					
	Gross receipts (before all deductions)	\$		0.00			
	Ordinary and necessary operating expenses	-\$	14	3.67			
	Net monthly income from rental or other real property	\$	75	Copy 66.33 here ->	\$ 756.33	\$	

btor 1	Carman C. Thomas			Case numbe	r (<i>if known</i>)			
				Column A Debtor 1		Column B Debtor 2 or non-filing s		
. Int	erest, dividends, and royalties			\$	0.00	\$		
. Un	nemployment compensation			\$	0.00	\$		
	not enter the amount if you contend the Social Security Act. Instead, list it here		as a benefit under	•				
	For you	\$	0.00					
	For your spouse	\$						
be no Un dis pa	ension or retirement income. Do not in nefit under the Social Security Act. Also t include any compensation, pension, putted States Government in connection value in the sability, or death of a member of the unity paid under chapter 61 of title 10, then es not exceed the amount of retired payetired under any provision of title 10 others.	iclude any amount received, except as stated in the reay, annuity, or allowance with a disability, combat-reformed services. If you reformed that pay only to the reto which you would other	next sentence, do paid by the elated injury or ceived any retired ne extent that it rwise be entitled	\$	0.00	\$		
un co cri col Go de	come from all other sources not listed on not include any benefits received under the Federal law relating to the nation der the National Emergencies Act (50 L ronavirus disease 2019 (COVID-19); parme, a crime against humanity, or internation, pension, pay, annuity, or a povernment in connection with a disability ath of a member of the uniformed service parate page and put the total below.	er the Social Security Act; nal emergency declared b J.S.C. 1601 et seq.) with r syments received as a vict ational or domestic terroris llowance paid by the Unity, combat-related injury or	payments made by the President espect to the tim of a war sm; or ed States disability, or					
	Persona harde arres har me seren a cream			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate page	use if any		\$	0.00	\$		
	rotal amounto nom separate pag	, ii arry.		Ψ	0.00	Ψ		
	ch column. Then add the total for Column Determine How to Measure Your	nn A to the total for Colum	nn B. \$	2,128.76	+ \$ _			2,128.76 al average athly income
	ppy your total average monthly incom						\$	2,128.76
. Ca	liculate the marital adjustment. Check	cone:					Ψ	2,120.70
	You are not married. Fill in 0 below.							
	You are married and your spouse is	filing with you Fill in 0 hel	OW					
	You are married and your spouse is	• •	Ow.					
_	Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.	d in line 11, Column B, that spouse's tax liability or the	e spouse's suppo	rt of someon	e other th	nan you or your	depende	nts.
	If this adjustment does not apply, ent	er 0 below.						
					_			
	-		\$		_			
			+\$					
	Total			0.0	0 c	opy here=>		0.00
. Y	Total			0.0	<u> </u>	opy here=>	-	0.00 2,128.76
		ct line 13 from line 12.	\$	0.0	<u>о</u> с	opy here=>	- \$	

Debtor 1	Carman C. Thomas	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		x 12
151	. The result is your current monthly income for the year for this part	of the form.	\$25,545.12

Debto	or 1	Carm	an C. Thomas		Case number (if known)		
16	Calc	ulate t	he median family income that applies to y	ou. Follow these ste	os:		
	16a	Fill in	the state in which you live.	ОН			
	16b	Fill in	the number of people in your household.	1			
	16c.	Fill in	the median family income for your state and s	size of household.		\$	52,415.00
			d a list of applicable median income amounts ctions for this form. This list may also be avail				_
17.	. Hov		e lines compare?	able at the bankrupti	by clerk's diffice.		
	17a.		Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
	17b.		Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 al	lation of Your Disp			
Part	3:	Cald	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Сор	y your	total average monthly income from line 1	1		\$	2,128.76
19.	cont	end tha	e marital adjustment if it applies. If you are at calculating the commitment period under 1 come, copy the amount from line 13.				
	19a	If the	marital adjustment does not apply, fill in 0 on	line 19a.		- \$	0.00
	19b	Subtr	act line 19a from line 18.			\$	2,128.76
20.	Cald	ulate	your current monthly income for the year.	Follow these steps:			
	20a	Сору	line 19b			\$_	2,128.76
		Multip	ly by 12 (the number of months in a year).				c 12
	20b	The re	esult is your current monthly income for the ye	ear for this part of the	form	\$_	25,545.12
	20c.	Сору	the median family income for your state and	size of household fro	m line 16c	\$_	52,415.00
	21.	How	do the lines compare?				
			ine 20b is less than line 20c. Unless otherwiseriod is 3 years. Go to Part 4.	se ordered by the cou	ort, on the top of page 1 of this form, ch	eck box 3,	The commitment
			ine 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise ordere	ed by the court, on the top of page 1 of	this form, cl	neck box 4, The
Part	4:	Sigi	n Below				
	By s	igning	here, under penalty of perjury I declare that the	ne information on this	statement and in any attachments is t	rue and cor	rect.
X	(/s/	Carm	an C. Thomas				
•	Ca	rman	C. Thomas of Debtor 1				
	Date		uary 15, 2022				
	If wo		DD / YYYY ked 17a, do NOT fill out or file Form 122C-2.				
	•		ked 17b, fill out Form 122C-2 and file it with t	his form. On line 39 a	of that form, copy your current monthly	ncome from	n line 14 above.

Debtor Income Details:

Income for the Period 07/01/2021 to 12/31/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Eastern Personnel

Income by Month:

6 Months Ago:	07/2021	\$0.00
5 Months Ago:	08/2021	\$0.00
4 Months Ago:	09/2021	\$0.00
3 Months Ago:	10/2021	\$1,772.56
2 Months Ago:	11/2021	\$2,872.00
Last Month:	12/2021	\$3,590.00
	Average per month:	\$1,372.43

Line 6 - Rent and other real property income

Source of Income: Rent

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	07/2021	\$900.00	\$75.00	\$825.00
5 Months Ago:	08/2021	\$900.00	\$80.00	\$820.00
4 Months Ago:	09/2021	\$900.00	\$70.00	\$830.00
3 Months Ago:	10/2021	\$900.00	\$162.00	\$738.00
2 Months Ago:	11/2021	\$900.00	\$230.00	\$670.00
Last Month:	12/2021	\$900.00	\$245.00	\$655.00
	Average per month:	\$900.00	\$143.67	
			Average Monthly NET Income:	\$756.33

Current Monthly Income Details for the Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter '	7 :	Liquidation
\$	245	filing fee
;	\$78	administrative fee
<u>+ </u>	\$15	trustee surcharge
\$	338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,738

\$1,167 filing fee

\$571 administrative fee

total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220

Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220

Community Loan Servicing 4425 Ponce De Leon Blvd, 5th Floor Miami, FL 33146

Consumer Portfolio Svc Po Box 57071 Irvine, CA 92619

Controlled Credit Corp. PO Box 5154 Cincinnati, OH 45205

DeWayne Bankhead & Dejah Ervin 26 Tower Street, 2nd Floor Cincinnati, OH 45220

Duke Energy P.O. Box 1326 Charlotte, NC 28201

Duke Energy P.O. Box 1326 Charlotte, NC 28201

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256

Escallate Llc 5200 Stoneham Rd North Canton, OH 44720

Ginnys 1112 7th Ave Monroe, WI 53566

GLA Collections PO Box 991199 Louisville, KY 40269

Global 22 East Main St Po Box 750 Geneva, OH 44041

Greater Cincinnati Waterworks 4747 Spring Grove Avenue Cincinnati, OH 45232

Greater Cincinnati Waterworks 4747 Spring Grove Avenue Cincinnati, OH 45232

Group Health 4600 Wesley Avenue, Suite N Cincinnati, OH 45212

Homeplus Fin 600 Lairport Stree El Segundo, CA 90245

Jewish Hospital PO Box 630804 Cincinnati, OH 45263

Meade & Associates 737 Enterprise Dr Westerville, OH 43081

Medical Xray PO Box 42456 Cincinnati, OH 45242

Ohio Department of Taxation PO Box 2679 Columbus, OH 43218

Premier Pediatric PO Box 644668 Pittsburgh, PA 15264

Prestige Patient Transport PO Box 676001 Dallas, TX 75267

Senex Services Corp 333 Founds Rd Indianapolis, IN 46268

Senex Services Corp 333 Founds Rd Indianapolis, IN 46268

SN Servicing 323 5th Street Eureka, CA 95501

Time Warner Cable PO Box 57547 Jacksonville, FL 32241

TriHealth 619 Oak Street Cincinnati, OH 45206 Trihealth 619 Oak Street Cincinnati, OH 45206

Us Dept Of Ed/Glelsi Po Box 7860 Madison, WI 53707

Yolanda Norman 26 Tower Street, 1st Floor Cincinnati, OH 45220

Zimmerman and Company CPAs 1080 Nimitzview Drive, Suite 400 Cincinnati, OH 45230